MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5634

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laverly, Md; LENGTH OF STAY (in this place) 7 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural give location) 5603-37th. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) (Last) Adamson

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/28/1895

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: in own home

11. BIRTHPLACE (State or foreign country): Chicago

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Siroky

14. MOTHER'S MAIDEN NAME: Louisa Jandus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Thomas P. Adamson 5603-37th Ave

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxemia — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of body of uterus with extension to bladder, vaginal wall, liver, lungs, skin. — 2 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes mellitus

19a. DATE OF OPERATION: 4-14-52

19b. MAJOR FINDINGS OF OPERATION: cholelithiasis, metastatic carcinoma

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 45 to 6-17, 19 52, that I last saw the deceased alive on 6-17, 19 52, and that death occurred at 3 25 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irvin A. Grossgreen M. D. 2503 Queens Chapel Rd, Mt. Rainier, Md, 6-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/20/52

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/20/52

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR ADDRESS: Nalley's Funeral Home 3200-R.I. Ave Mt Rainier, Md.

VS. A15

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

66635

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ammondale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fields near Christian Brothers College

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md Pro Geo Co COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Murrkirk
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elliott (Middle) (Last) Allen
4. DATE OF DEATH (Month) (Day) (Year) Pronounced 6-29 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3/18/1915
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour
10b. KIND OF BUSINESS OR INDUSTRY Const work
11. BIRTHPLACE (State or foreign country) Labor City N.C
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lawrence Allen
14. MOTHER'S MAIDEN NAME Callie Stanley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. unknown
17. INFORMANT AND ADDRESS Callie Allen Whiteville N C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart Failure

434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined X*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam — Cheverly, Md — June 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/3/52
NAME OF CEMETERY OR CREMATORY Mt. Auburn
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 7/3/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. L. Chatman Jr.
ADDRESS 1701 McCall Balto. Md. St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

C6636

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6208-L St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights, Md
STREET ADDRESS (If rural, give location) 6208-L St.

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) Irene (Last) Anderson
4. DATE OF DEATH (Month) June (Day) 22 (Year) 1952

5. SEX Fem
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 16/1890
9. AGE last birthday 62 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Isah Parker
14. MOTHER'S MAIDEN NAME Cora Herad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Capitol Heights Md Lingan I Anderson (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Congestive Heart failure | 6 hrs |
| 172X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Secondary Anemia | unknown |
| | (c) Carcinoma of body of uterus | 3 mo. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rec Van Vatte (Degree or title) M.D. Act. Dept. Coroner ADDRESS Washington 19 DC DATE SIGNED June 22 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/25/52
NAME OF CEMETERY OR CREMATORY Arlington Mtd
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. June 23, 1952
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Wm Chambers Co 5 [illegible] St S.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN. 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

66375

Reg. Dist. No. 284 732

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Clinton - Piscataway Rd / Clinton md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton; STREET ADDRESS (If rural, give location) Clinton - Piscataway Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) O'Brien (Last) Ashe

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 14 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Att. at Law.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): North Adams Mass

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patrick Jos. Ashe

14. MOTHER'S MAIDEN NAME: Katherine O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Margaret M Ashe (wife) Clinton md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Hemorrhage and Shock | Immediate |
| 976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Shot gun wound through left side of head. | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease — 4 yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) Clinton md (COUNTY) Pr Geo (STATE) md.

TIME OF INJURY: (Month) June (Day) 18 (Year) 1952 (Hour) 12 m. p.m. INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? In his own bedroom. Fired a shot gun into left side of head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: Paul C Fenn Hatch (Degree or title) MD ADDRESS: Act Dy Coroner Washington DC DATE SIGNED: June 18 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6/20/52; NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery; LOCATION (City, town, or county): Arlington; (State): Va

DATE REC'D BY LOCAL REG.: June 18 1952; REGISTRAR'S SIGNATURE: John F Donnor. Howard Beall-cc

24. FUNERAL DIRECTOR: The S. H. Hines Co. ADDRESS: 2901 14th St. N.W. Washington, D. C.

VS. A15A

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6638

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 2 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2601 Cheverly Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frewsburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Almond (Last) Atkins

4. DATE OF DEATH: (Month) June (Day) 9th (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 18, 1862

9. AGE last birthday: 89 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Lumber & Mill Co.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Atkins

14. MOTHER'S MAIDEN NAME: Susan Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. R. R. Hottel 1222 Monroe St. N.E. D.C. 17.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

4427 Antecedent cause(s) (b) Cardio Vascular Renal Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1952, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 2.32 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert R. Hottel ADDRESS 1222 - Monroe St. N.E. Wash. D.C. DATE SIGNED 6/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 6/10/52 | NAME OF CEMETERY OR CREMATORY: Maple Grove | LOCATION (City, town, or county) (State): Frewsburg N.Y.

DATE REC'D BY LOCAL REG. 6/10/52 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers Co. 5801 Cleveland Ave Riverdale Md

RECEIVED
JUN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

39

231

Reg. Dist. No. ~~242~~

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 20 A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highland Park
STREET ADDRESS (If rural, give location) 1208 - 70th Avenue

3. NAME OF DECEASED (Type or Print) (First) Patricia (Middle) Alpeda (Last) Bacon
4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/19/51
9. AGE last birthday 11 months — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Steven Baker
14. MOTHER'S MAIDEN NAME Carrie Keys
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Carrie Bacon Highland PK Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thermic fever

931.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sunstroke

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY Home farm factory street, office bldg., etc. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the [illegible] Autopsy [illegible] X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection, Inquiry [illegible] above, and death in my opinion resulted from: natural causes X accident, suicide, homicide, undetermined

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly Md. 6-27-52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-30-52 NAME OF CEMETERY OR CREMATORY Woodlawn Cem. LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG 6-28-52 REG STRAR'S SIGNATURE Carrie F. Campbell
24. FEDERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N. St. N.W.

7-2-52 Amanda Downey

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 2 1935
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2-10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine, Md. — LENGTH OF STAY (In this place) 82 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mattie (Middle) Minerva (Last) Baden

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1952

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 22, 1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: George Hyde

14. MOTHER'S MAIDEN NAME: Elizabeth Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Elizabeth Baden, Brandywine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 15 Min

420.0 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atherosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to June 13, 1952, that I last saw the deceased alive on June 13, 1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Geo. Tom Proctor M.D. | Aquasco, Md. | 6/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/16/52 | NAME OF CEMETERY OR CREMATORY: St. Pauls Episcopal | LOCATION (City, town, or county) (State): Baden, Maryland

DATE REC'D BY LOCAL REG.: June 16/52 | REGISTRAR'S SIGNATURE: J H Billingsley

24. FUNERAL DIRECTOR: Ritchie Bros. | ADDRESS: Upper Marlboro, Md.

RECEIVED
JUN 23 1952
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) (Last) BARBOUR

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1952

5. SEX Fem

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH May 1 1881

9. AGE Last Birthday 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Loudon Co. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT Conway Barbour (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Circulatory Collapse | 1 hr |
| 4424 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Intense Heat | 48 hrs |
| | (c) Hypertensive CVR Disease | Unk |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to June 27, 1952, that I last saw the deceased alive on 26 June, 1952, and that death occurred at 12 45 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robert B. Tasser | MD | Upper Marlboro Md | 6-27-52 |

| 23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| | June 30/52 | Brewer Hill | Annapolis | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| June 27 52 | Edna F. Collins | J. B. Johnson | Annapolis |

RECEIVED
JUL 2 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7018 Taylor Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 7018 Taylor Terrace

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) Ninyon (Last) Chaloner Barnes
4. DATE OF DEATH (Month) June (Day) 9 (Year) 1952
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug.11,1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired musician
10b. KIND OF BUSINESS OR INDUSTRY Bd. of Education
11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joshua Barnes
14. MOTHER'S MAIDEN NAME Matilda Sprague
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wife. Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John W. Maloney, (Degree or title) M.D., ADDRESS Dep.Med. Exam. Cheverly-Hyattsville Md
DATE SIGNED 6-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 12, 1952
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 6/12/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR L. Gaschessons Hyattsville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Seland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Geo COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Anne (Last) Beall
4. DATE OF DEATH (Month) 6-27 (Day) (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 9-1895
9. AGE last birthday 57 yrs. If under 1 year Months | Days | If under 24 hrs Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reg. Nurse
10b. KIND OF BUSINESS OR INDUSTRY Nursing
11. BIRTHPLACE (State or foreign country) Beltsville
12. CITIZEN OF WHAT COUNTRY? U.S.G.
13. FATHER'S NAME Samuel Walker Beall
14. MOTHER'S MAIDEN NAME Olive Bendy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No
17. INFORMANT AND ADDRESS Brother Samuel Beall - Beltsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhagic shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY Gasoline Serv. Sta. (CITY OR TOWN) Beltsville - (COUNTY) Pr. Geo - (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-27-52 9:30 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Standing alongside her auto when struck by a truck

22. I certify that I took charge of the remains described above, held on Autopsy ☐, Inspectum ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspectum or Inquiry [illegible] and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. - Cheverly - Hyattsville Md 6-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/29/52
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Beltsville Md (State)

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE Jesus Sevey
24. FUNERAL DIRECTOR F. Gaudsons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1bA

JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 4120 Branch Ave. S.E.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) L. (Last) BEARDMORE
4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1952

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widowed | Sept. 6, 1875 | 76 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yard
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Beardmore, John W.
14. MOTHER'S MAIDEN NAME: Margaret Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Lawrence L. Beardmore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Gastric Hemorrhage due to | 1 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio-Vascular Renal | 10 years |
| | (c) Stroke | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from June 1, 1952, to June 4, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| William Brannin | MD | 6704 Central Ave, Capitol Hgts Md. | 6/4/52 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | June 7, 1952 | Cedar Hill | Suitland, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6-4-52 | Amanda Downey | J. William Leis Sons Co. | 300-4th St. N.E., Wash D.C. |

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

232

Reg. Dist. No. 2-4-1

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro | LENGTH OF STAY (In this place) 2½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bruce Buck's Place Robert Craine Hy Way N° #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro R#1
STREET ADDRESS (If rural, give location) Bruce Buck's Place Craine Hy Way

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H (Last) Bell

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 15 1896

9. AGE Last birthday: 56 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Farm Hand.

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco Farm

11. BIRTHPLACE (State or foreign country): Prince George

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm Bell

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mary [illegible] Upper Marlboro

### 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| **Immediate cause** (a) Acute Congestive Heart failure | Sudden |
| 411 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Fibrosis | indefinite |
| (c) Rheumatic Heart disease chronic | indefinite |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: General Arteriosclerosis | indefinite |

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) Upper Marlboro (COUNTY) Prince Georges (STATE) Md.

TIME OF INJURY: (Month) 6 (Day) 25 (Year) 52 (Hour) 9½ A.M. | INJURY OCCURRED While at work ☑ Not while at work ☐ | HOW DID INJURY OCCUR? no injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

[signature] M.D. 210 Pat. N. Drive Washington 19 DC June 27 1952

23. BURIAL, (CREMATION REMOVAL, Specify) | DATE THEREOF: June 28/52 | NAME OF CEMETERY OR CREMATORY: National Cemetery | LOCATION (City, town, or county): Annapolis (State): Md

DATE REC'D BY LOCAL REG.: June 26-52 | REGISTRAR'S SIGNATURE: Edward T. Stone, John H. Dixon | 24. FUNERAL DIRECTOR: J B Johnson | ADDRESS: Annapolis

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hospl

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mer Kirk, Md.
STREET ADDRESS (If rural, give location) Prince Georges County

**3. NAME OF DECEASED:** (Type or Print) (First) Thomas (Middle) (Last) Blan

**4. DATE OF DEATH:** (Month) June (Day) 17, (Year) 19 52

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR | | IF UNDER 24 HRS. | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Months | Days | Hours | Min. |
| Male | white | widowed | 9/19/1872 | 79 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired Commercial | Merchant | west Va | U S A |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| unknown | unknown |

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: |
|---|---|---|
| 2 | — | Hospital Records Cheverly Md |

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Basal Cell Carcinoma,
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) left cheek
DUE TO
(c) with widespread Metastasis

191X

Interval Between Onset And Death: 4 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from 3/5 ,19 52 to 6/17 , 19 52 that I last saw the deceased alive on 6/17 , 19 52 , and that death occurred at 12:14 P.M. from the causes and on the date stated above.

SIGNATURE and (Degree or title) Elton Eberman, M.D. ADDRESS College Park, Md DATE SIGNED 6/17/52

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6/19/52 | Glenwood | Washington D.C. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6-19-52 | Amanda Downey | E Boschesone & Hyattsville | Md |

VS. (A15)

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5-26/6-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~5102~~ Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5102 42nd Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) (Last) Bonesteel

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 12-11-78
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Paul
14. MOTHER'S MAIDEN NAME: Cornelia Briggs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Myocardial Infarction — Interval Between Onset And Death: 3 days

420.1 Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO acute coronary thrombosis — 1 week

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4, 1950, to 6-4, 1952, that I last saw the deceased alive on 6-4, 1952, and that death occurred at 7:25 PM from the causes and on the date stated above.

SIGNATURE W.A. Sanor (Degree or title) M.D. ADDRESS 4314 Gallatin St. Hyattsville, Md. DATE SIGNED 6-4-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/7/52
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REGISTRAR 6/6/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch & Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Pr Geo COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5213 - Addison Road
STREET ADDRESS (If rural, give location) Fairmount Heights

3. NAME OF DECEASED (Type or Print) (First) David (Middle) (Last) Brown

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/10/47
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME David Brown
14. MOTHER'S MAIDEN NAME Audrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Audrey Brown Fairmount Hgts Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE John D. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly Md. DATE SIGNED 6-27-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6-28-52 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) 389 [illegible]

DATE REC'D BY LOCAL REG 6-28-52 REGISTRAR'S SIGNATURE Amanda Downey
24. FEDERAL DIRECTOR Frazier's ADDRESS 389-R.I. Ave N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13A

Mrs Downey
208 Landary
Pal Alto Blvd.

31

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Berwyn COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) Canary Trailer Camp.

3. NAME OF DECEASED (Type or Print) (First) Delbert (Middle) Walter (Last) Brown
4. DATE OF DEATH (Month) June (Day) 12 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 11, 1910
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY General work
11. BIRTHPLACE (State or foreign country) W. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Homer Brown
14. MOTHER'S MAIDEN NAME Cora Cutlip
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War 2
16. SOCIAL SECURITY No. 233-16-1633
17. INFORMANT AND ADDRESS Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly, Md DATE SIGNED June 12 1952

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6/13/52
NAME OF CEMETERY OR CREMATORY Wallace Funeral Co
LOCATION (City, town, or county) (State) Lewisburg or Va

DATE REC'D BY LOCAL REG 6-13-52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR F. Gasche Sons Hyattsville Md ADDRESS

6-18-52 James Seery

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 20 1952
BUREAU V. S.

549

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 7803 Temple Road

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) Joseph (Last) Carnesale

4. DATE OF DEATH (Month) June (Day) 4 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 2-11-1927

9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY U. of Md.

11. BIRTHPLACE (State or foreign country) New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Carnesale

14. MOTHER'S MAIDEN NAME Grace Winnich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 2nd W. War

16. SOCIAL SECURITY No. 218-20-0934

17. INFORMANT AND ADDRESS Mother - 7803 Temple Rd - Philadelphia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

19.4 Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull, femur, tibia & fibula

(c) and deep lacerations of ano-perineal region.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street (CITY OR TOWN) E. Riverdale (COUNTY) Pr. Geo. (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 4 (Year) 52 (Hour) 2:20 A m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? automobile in which deceased was riding as a passenger crashed into a utility pole.

22. *I certify that I took charge of the remains described above held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE John D. Maloney M.D. (Degree or title) ADDRESS Cheverly - Hyattsville, Md. DATE SIGNED 6-4-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF 6/4/52 NAME OF CEMETERY OR CREMATORY Pleasantville LOCATION (City, town, or county) New Jersey (State)

DATE REC'D BY LOCAL REG. 6/4/52 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasche sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
JUN 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Price George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 3501-Longfellow St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) W. (Last) Carroll

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 12-2-1879
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Superintendent Ret.
10b. KIND OF BUSINESS OR INDUSTRY: H. E. Cook
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph T. Carroll
14. MOTHER'S MAIDEN NAME: Emma Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY No.: 214-01-7568
17. INFORMANT & ADDRESS: Wm H. Carroll 3501 Longfellow St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Right Long Lids
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastases to Pelvic Bones & Glands.
DUE TO
(c)

Interval Between Onset And Death: 9 mo.?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2-, 1950, to 6-6, 1952, that I last saw the deceased alive on 6-5, 1952 and that death occurred at 2:00 AM; from the causes and on the date stated above.

SIGNATURE U.B. Moyers (Degree or title) M.D. ADDRESS 3303 Perry St. Mt. Rainier Md. DATE SIGNED 6-6-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/10/52
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR 6/9/52
REGISTRAR'S SIGNATURE H. W. Hedrick Dmk
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 6-4; 6-21
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS 407 Prince George St. 5801 42nd St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Chinn

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 6-29-70

9. AGE Last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country): Franklinville, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew Bevans

14. MOTHER'S MAIDEN NAME: Julia Biddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Mabel Maddux 407 Prince George St. Laurel, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis Gangrene R. Lt. leg - amputated

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/13/52

19b. MAJOR FINDINGS OF OPERATION A-S gang. R Lt. Leg.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1952, to 6/21, 1952, that I last saw the deceased alive on 6/21, 1952, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

SIGNATURE Robert J. O'Donnell (Degree or title) M.D. ADDRESS Prince George Gen. Hosp. Cheverly MD DATE SIGNED 6/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 25-52

NAME OF CEMETERY OR CREMATORY Southern Cemetery

LOCATION (City, town, or county) Longdraville (State) Va.

DATE REC'D BY LOCAL REGISTRAR June 22-1952

REGISTRAR'S SIGNATURE 6/24/52 Amanda Downey

24. FUNERAL DIRECTOR Wilbert L. Donaldson ADDRESS Laurel, Md.

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland; LENGTH OF STAY (In this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland; STREET ADDRESS (If rural, give location) 6507 Marlboro Road

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) THOMAS (Last) CLANCY

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 7/17/95

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John P. Clancy

14. MOTHER'S MAIDEN NAME: Sarah Slagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 578-22-3464

17. INFORMANT AND ADDRESS: Alice M. Clancy 6507 Marlboro Rd Wash 19 DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Vascular Accident | immed |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis and Hypertensive Heart Disease | 6 mos |
| | (c) Chronic L & C H.T. Failure | 1 year |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to June 16, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE: Benjamin S Miller MD (Degree or title) ADDRESS: Mt. Rainier DATE SIGNED: June 16 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/19/52 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town or county) (State): Washington, DC

DATE REC'D BY LOCAL REG.: June 16-52 | REGISTRAR'S SIGNATURE: Edna F. Collins | 24. FUNERAL DIRECTOR: W. B. Chambers Co. | ADDRESS: 517 11th St NW

RECEIVED
JUN
BUFFALO

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ✓ COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 3012-18th St NE

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) (Last) Cole
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1952
5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 19, 1919
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Union City, Tenn
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Simmons
14. MOTHER'S MAIDEN NAME Georgia Frizell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Mr Thomas H Cole DC 3012-18th St NE Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (a) | Acute alcoholism | 1 day |
| 3221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Delirium Tremens | 1 day |
| (c) | Chronic alcoholism | 4 mo |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1952, to June 28 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin MD
ADDRESS Riverdale, Md
DATE SIGNED June 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/30/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. June 29, 1952
REGISTRAR'S SIGNATURE James Sivey
24. FUNERAL DIRECTOR F Gasche sons Hyattsville Md
ADDRESS

RECEIVED
JUL 2 1 1
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Hyattsville~~ Cheverly
LENGTH OF STAY (in this place) 5 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Cleveland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE 5711-43 Ave Hyattsville COUNTY Pr. G. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Cheverly Md

3. NAME OF DECEASED: (Type or Print) (First) Wilburn (Middle) Pearl (Last) Collier Sr.
4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan. 30, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Special Prince Pole Co
10b. KIND OF BUSINESS OR INDUSTRY: Woodward & Lothrop
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Wilburn) William Collier
14. MOTHER'S MAIDEN NAME: Ann Podgett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-01-4243
17. INFORMANT & ADDRESS: Wife - 5711-43 Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cancer Hemorrhage
DUE TO
Antecedent causes (s) (b) Diabetes Mellitus
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO
(c)

Interval Between Onset And Death

260X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1949, to 6-20, 1952, that I last saw the deceased alive on 6-22, 1952, and that death occurred at 12 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) C. Dorothy Wood
ADDRESS Hyattsville Md
DATE SIGNED 6-22-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/26/52
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Pr. Geo. Co., Md. (State)
DATE REC'D BY LOCAL REGISTRAR 6-23-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR The S. H. Hines Co.
ADDRESS 2901 14th St. N.W. Washington D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 24 1952
BUREAU V. S.

RALPH DASKAM

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 908 - Davis Avenue.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural, give location) 908 - Davis Avenue -

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) (Last) Daskam

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 21, 1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired -
10b. KIND OF BUSINESS OR INDUSTRY Bank Clerk -
11. BIRTHPLACE (State or foreign country) Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eugene B. Daskam
14. MOTHER'S MAIDEN NAME Isabelle Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-20-0164
17. INFORMANT AND ADDRESS Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly Maryland DATE SIGNED 6-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 11, 1952
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. June 8 1952
REGISTRAR'S SIGNATURE James Tevey
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
JUN 10 1952
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 3 yrs., 5 mo., and 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1423 Clifton St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPHINE (Middle) D (Last) DAVIS

4. DATE OF DEATH: (Month) JUNE (Day) 9th (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: 11/12/1890
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Cooper, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion Barnes
14. MOTHER'S MAIDEN NAME: Rosa Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 13 years
002X DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION.
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29/1948, to 6/9/1952, that I last saw the deceased alive on 6/9/1952, and that death occurred at 10:15 P.m., from the causes and on the date stated above.
SIGNATURE Daniel Leo Finnegan M.D. (DEGREE OR TITLE) ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 6/9/52

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): DATE THEREOF 6/10/52 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Fairfax Virginia
DATE REC'D BY LOCAL REG. 6/10/52 REGISTRAR'S SIGNATURE Ulo Weiss
24. FUNERAL DIRECTOR Everly Funeral Home By J.S. Everly ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 24
BUREAU V. S.

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Prince George MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs — LENGTH OF STAY (in this place) 69 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) 6470- Allentown Rd. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) JESSIE | (Middle) ALLEN | (Last) DAY | 4. DATE OF DEATH | (Month) 6 (Day) 16 (Year) 1952 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 6-23-1882 | 9. AGE last birthday 69 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | 10b. KIND OF BUSINESS OR INDUSTRY Self Employed | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Frank Day | 14. MOTHER'S MAIDEN NAME Elizabeth | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Mary Helen Day 6470-Allentown Rd. | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) [illegible] | 6 [illegible] |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma generalized | 4 [illegible] |
| | (c) C Metastases from [illegible] | [illegible] |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION [illegible] | 19b. MAJOR FINDINGS OF OPERATION Carcinoma metastasis [illegible] | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) / | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from December, 1951, to June 16, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED June 16 1952

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6/19/52 | NAME OF CEMETERY OR CREMATORY Bells Church | LOCATION (City, town, or county) Camp Spring P.G. (State) Md |
| DATE REC'D BY LOCAL REG. June 17-1952 | REGISTRAR'S SIGNATURE Edna F. Collins | 24. FUNERAL DIRECTOR H. G. Chambers Co | ADDRESS 511-11 St SE |

RECEIVED
JUN 24 1952
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

**1. PLACE OF DEATH:**
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6301 Riggs Rd

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 6301 Riggs Rd

**3. NAME OF DECEASED:** (Type or Print) (First) Catherine (Middle) (Last) Deuterman

**4. DATE OF DEATH:** (Month) June (Day) 30 (Year) 19 52

**5. SEX:** F
**6. COLOR OR RACE:** W
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed
**8. DATE OF BIRTH:** 11-3-1866
**9. AGE last birthday:** 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY:**
**11. BIRTHPLACE** (State or foreign country): Maryland
**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Frederick W. Kahlert
**14. MOTHER'S MAIDEN NAME:** Elizabeth ~~Kahlert~~ Dipple

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:**
**17. INFORMANT & ADDRESS:** Elizabeth Myers - 6301 Riggs Rd

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Cerebral hemorrhage | 3 mos. |
| 332X Antecedent cause(s) | DUE TO (b) | Cerebral arteriosclerosis | 10 yrs. |
| Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (c) | Essential hypertension | 20 yrs. |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1952, to 6-30, 1952, that I last saw the deceased alive on 6-30, 1952, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Samuel M Bageant MD 5600 N. H. Ave. Wash DC 6-30-52

**23. BURIAL, CREMATION REMOVAL, (Specify):** Burial
DATE THEREOF 7-3-52
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetary
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. June 30, 1952
REGISTRAR'S SIGNATURE Mrs. James Severe Deputy Local.
**24. FUNERAL DIRECTOR** The S. H. Hines Co. - 2901 14th st N.W. Washington D.C.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '59

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1 PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Dooley

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 6-28-52
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 17 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert L.
14. MOTHER'S MAIDEN NAME: Julia Webster

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Premature separation of placenta DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28/52, 1952 to 6/29, 1952 that I last saw the deceased alive on 6/29, 1952 and that death occurred at 11.30 a.m., from the causes and on the date stated above.

SIGNATURE George Hageage (Degree or title) ADDRESS 5717-38th Ave DATE SIGNED 7/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF July 5, 52
NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/7/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr. ADDRESS Supt

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1952
BUREAU V. S.

60

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aquasco to the first street Aquasco Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md
STREET ADDRESS (If rural, give location) Brandywine - Aquasco Rural Rt 1

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Katherine (Last) Douglas
4. DATE OF DEATH (Month) June (Day) 21 (Year) 1952

5. SEX Female | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant | 8. DATE OF BIRTH July 12 1951 | 9. AGE last birthday yrs. If under 1 year Months 11 Days | If under 24 hrs Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Illegitimate | 14. MOTHER'S MAIDEN NAME Henrietta Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mary Douglas (Grandmother) Aquasco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia (Acute Left) — minutes
490X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition and Secondary Anemia — minutes
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul Strauss Jr. M.D. Act Dpty. Coroner — 7409 Silver Hill Rd — 6/24/1952

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 6/24/52 | NAME OF CEMETERY OR CREMATORY University Med School | LOCATION (City, town, or county) Baltimore City | (State) Md

DATE REC'D BY LOCAL REG. 6-24-52 | REGISTRAR'S SIGNATURE (Deputy) | 24. FUNERAL DIRECTOR Frances A Hemsley | ADDRESS 578 N Bridge St

7-1-52 F H Billingsley

RECEIVED
JUL 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillerly
LENGTH OF STAY (In this place) 20 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5713 Chillum Heights Drive

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Jennings (Last) Driver (DRIVER)

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 12, 1879

9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt Clerk

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Driver

14. MOTHER'S MAIDEN NAME: Mary Elizabeth (Unknown) Wash D.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war, or dates of service: yes - Spanish & Wildwar I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Son - 6463 Hunter Mill Road S.E.

18. MEDICAL CERTIFICATION — William J. Driver, Jr.

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute congestive heart failure | |
| 4424 Antecedent causes — Disease or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardiovascular renal disease | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE (WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.): | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: | INJURY OCCURRED While at work: | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains of the above-named deceased; that I have viewed the body; that I have inspected the records of identification; that I have obtained said Autopsy Inspection; that I have personally examined the body; that I have viewed the premises, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined . (Degree or type)

SIGNATURE: John D. Malarkey Jr. D. Sup. Med Exam. | ADDRESS: Chiverly Hyattsville, Md | DATE SIGNED: June 30, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 3/1952 | NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 7-1-52 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: W. W. Chambers Co - 517-11 = 5th S.E. Wash, D.C. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

APR 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 10 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) X (Last) Edelen

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1952

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: 1882 | 9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Tobacco Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ryonalder Edelen

14. MOTHER'S MAIDEN NAME: Eliza Elizebeth Ritchie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Everett Edelen 205 Chesapeake Ave., Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA of ESOPHAGUS — Interval Between Onset And Death: 6 Mo. +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) WITH METASTASES

DUE TO

(c)

153X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GASTROSTOMY FEEDING SINCE 5/23/52 INANITION.

19a. DATE OF OPERATION: 4/23/52; 5/21 & 5/23/52 | 19b. MAJOR FINDINGS OF OPERATION: CARCINOMA of ESOPHAGUS | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1952, to 6/27, 1952, that I last saw the deceased alive on 6/27, 1952, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy J. Klepser, MD | ADDRESS 1835 Eye St. N.W. Washington DC | DATE SIGNED 7/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/3/52 | NAME OF CEMETERY OR CREMATORY Trinity Episcopal | LOCATION (City, town, or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REGISTRAR July 2 1952 | REGISTRAR'S SIGNATURE John F. Danner

24. FUNERAL DIRECTOR ADDRESS: Ritchie Bros. Upper Marlboro, Md.

RECEIVED
JUL 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 105

23

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY Pr. George MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Pr. Geo. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 2 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 486 Route I Clinton | STREET ADDRESS (If rural, give location) Box 486 Route I Clinton |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) John | (Middle) Francis | (Last) Ferrall | 4. DATE OF DEATH | (Month) 6 | (Day) 12 | (Year) 1952 |
| 5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH 3-12-1883 | 9. AGE last birthday 69 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours Min. |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Self | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) St. Mary's County Md. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME George W. Ferrall | | 14. MOTHER'S MAIDEN NAME Theresa Quade | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Della Hubbard Ferrall (wife) | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | I[redacted]N ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Acute Cardiac Dilatation | Immediate |
| 241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Arterio-Sclerotic Heart Disease | 5 yrs. |
| | (c) | Bronchial Asthma | 40 yrs. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 12-30, 1952, to 6-12, 1952, that I last saw the deceased alive on 6-11, 1952, and that death occurred at 10:55p m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Anna Coyne Todd | M.D. | 7274 Palmer Rd S.E Wash 20, D.C | 6/12/52 |

| | | | |
|---|---|---|---|
| 23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF June 14-52 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) Clinton (State) Md |
| DATE REC'D BY LOCAL REG. 6-13-52 | REGISTRAR'S SIGNATURE M. L. Moore | 24. FUNERAL DIRECTOR Hunt & Gon Waldorf | ADDRESS Md |

Howard Beall - cc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DATE 6/18/52

RECEIVED
JUN 16 1952

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL RURAL
LENGTH OF STAY (in this place) 55 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS LAUREL RURAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL RURAL
STREET ADDRESS (If rural, give location) CONTEE ROAD

3. NAME OF DECEASED (Type or Print) (First) ERMINA (Middle) LOUISE (Last) FLESTER

4. DATE OF DEATH (Month) JUNE (Day) 12 (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 14 DEC 1883

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) WISCONSIN

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME NIELS F. NICHOLSON

14. MOTHER'S MAIDEN NAME ANE MAGRETHA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS BOX 16 Rt #2 WILLIAM FLESTER CONTEE RD LAUREL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) CEREBRAL THROMBOSIS, SOFTENING MODERATE HYPERTENSION | 10 DAYS |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) ARTERIOSCLEROSIS | 2 YEARS |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEP, 1950, to 12 JUNE, 1952, that I last saw the deceased alive on 11 JUNE, 1952, and that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE Thomas R. Ulshufer (Degree or title) MD ADDRESS 322 Prince George St Laurel Md DATE SIGNED 12 June '52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 15, 1952 NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. June 15-1952 REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

RECEIVED
JUN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 8712 Rhode Island Ave

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) (Last) Farnham
4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: June 7, 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Procurement specialist
10b. KIND OF BUSINESS OR INDUSTRY: US Govt
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert B. Farnham
14. MOTHER'S MAIDEN NAME: Daisy Wilfong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Albert Farnham Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 331X
DUE TO
Antecedent cause(s) (b) Multiple pyloric ulcers c̄ hemorrhage
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Intercranial Hemorrhage (left cerebellum)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1952 to 6/16, 1952, that I last saw the deceased alive on 6/15, 1952, and that death occurred at 12 40 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 19, 1952
NAME OF CEMETERY OR CREMATORY Lt Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 6-19-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascha sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 237

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro R#1 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blythewood Farm near Forestville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro R#1
STREET ADDRESS (If rural, give location) Blythewood Farm New Forest Rd.

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) (Last) Giddings
4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: Fem | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: April 2 1952 | 9. AGE last birthday: — yrs. | If under 1 year: Months one Days 24 | If under 24 hrs: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Prince Georges Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lloyd Geddings Jr | 14. MOTHER'S MAIDEN NAME: Florine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS: Florine G. Geddings R#1 Upper Marlboro Md.

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Bronchopneumonia | unknown |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) — | |
| | (c) — | |

491X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Upper Marlboro R#1 (COUNTY) Prince Geo. (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY June 15 1952 10 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Found Dead in bed in nursery.

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection —, Inquiry — thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident —, suicide —, homicide —, undetermined —.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Irene S. Van Uxem M.D. Act. D. H. Coroner Westphalia R#1 June 16, 1952

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 6/18/52 | NAME OF CEMETERY OR CREMATORY Good Hope | LOCATION (City, town, or county) Calverton Md (State)

DATE REC'D BY LOCAL REG. 6/17/52 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR J. Beach sons Hyattsville | ADDRESS Md

VS-A15A

412442

RECEIVED
JUN 23 1952
BUREAU OF S

Items 2,13,14 Film 144 7/1/52 wnw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Lanham Hills
STREET ADDRESS (If rural give location) 7765 Emerson

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Girod
4. DATE OF DEATH: (Month) (Day) (Year) June 19 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: June 16, 1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ray Girod
14. MOTHER'S MAIDEN NAME: Barbara Cahn
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity
DUE TO
(c)

Interval Between Onset And Death 8 hrs.

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 1952, to 6/19, 1952, that I last saw the deceased alive on 6/18, 1952, and that death occurred at 7 35 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Munn, M.D.
ADDRESS 7409 Vannum St.
DATE SIGNED 6/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF June 21, 52
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)
DATE REC'D BY LOCAL REGISTRAR 6/24/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr
ADDRESS Supt

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
JUN 25 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5hrs. - 50min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural give location) Route #1 Box 466

3. NAME OF DECEASED: (Type or Print) (First) HARLAN (Middle) (Last) Glazier

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 8, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Writer - self
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Ca of Recto Sigmoid c̄ Metastasis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 1952, to 6/17, 1952, that I last saw the deceased alive on 6/17, 1952, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

SIGNATURE Robert J. O'Donnell (Degree or title) MD ADDRESS 2701-28th St NW Wash, DC DATE SIGNED 6/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/25/52
NAME OF CEMETERY OR CREMATORY Wash National
LOCATION (City, town, or county) Suitland Rd (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 6-24-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR H. W. Chambers Co. ADDRESS 517 11th St SE Wash, DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

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RECEIVED
JUN 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenn Dale (RURAL)
LENGTH OF STAY (in this place) 7 yrs., 4 mo., 12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 13 Florida Ave., N.E. ✓

**3. NAME OF DECEASED:** (Type or Print) (First) SEYMOUR (Middle) CLIFTON (Last) GRAY

**4. DATE OF DEATH:** (Month) 6 (Day) 13 (Year) 1952

**5. SEX:** Male

**6. COLOR OR RACE:** Col.

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** 11/26/10

**9. AGE last birthday:** 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Janitor

**10b. KIND OF BUSINESS OR INDUSTRY:** Apartments

**11. BIRTHPLACE** (State or foreign country): Carolina, Va.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Oliver Gray

**14. MOTHER'S MAIDEN NAME:** Moriah Fitzhugh

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 228-05-2886

**17. INFORMANT & ADDRESS:** Decedent

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs.

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☑

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 1945, to 6/13, 1952, that I last saw the deceased alive on 6/12, 1952, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Daniel Lee Primrose M.D. Glenn Dale Sanatorium Glenn Dale, Md. 6/13/52

**23. BURIAL, CREMATION REMOVAL (Specify):** removal — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 6/13/52 — REGISTRAR'S SIGNATURE Neal Weiss

**24. FUNERAL DIRECTOR** — ADDRESS New Jersey Ave & R R. N.W.

VS. A16 8-51

REÇU
JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5500 54 ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural, give location) 5502 - 54 ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) JAMES RICHARD HARLESS
4. DATE OF DEATH: (Month) (Day) (Year) June 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: 3/31/1867,
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Dining Car Stewart
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm C. Harless
14. MOTHER'S MAIDEN NAME: Florence Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Jennie F. Harless Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial infarction — Interval Between Onset and Death: 1 hr

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Generalized arteriosclerosis — 10 years

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-50 19....., to 6-23-52, 19....., that I last saw the deceased alive on 6-20, 1952, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE John P. Clum (DEGREE OR TITLE) M.P. ADDRESS 6110 43rd Ave Hyattsville Md DATE SIGNED 6-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/25/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. June 24 1952
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gasche sons Hyattsville Md ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. | LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier, Md.
STREET ADDRESS (If rural give location) 4008 - 30th St.

3. NAME OF DECEASED: (Type or Print) (First) Zena (Middle) Mae (Last) Harmon
4. DATE OF DEATH: (Month) June (Day) 27, (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 10, 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm Lowen
14. MOTHER'S MAIDEN NAME: Mary Ellen Welch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Clarence W Harmon 2031 E Balto St Balto Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause (a) Septicemia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Post operation Slough of Amputated Stump
DUE TO
(c) Arteriosclerotic Heart Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Gangrene of Left Leg
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1952, to 6/27, 1952, that I last saw the deceased alive on 6/27, 1952, and that death occurred at 9 A.M., from the causes and on the date stated above.
SIGNATURE Robert J. O'Donnell (Degree or title) MD ADDRESS 2701-28th St NW Wash DC DATE SIGNED 6/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 29, 52 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Covington (State) Va
DATE REC'D BY LOCAL REGISTRAR 6-27-52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W W Chambers Co, ADDRESS Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2
BUREAU V

72

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Woodyard Road.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) James (Last) Harris

4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-7-52
9. AGE last birthday 0 yrs. If under 1 year Months 4 Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Paul L. Harris
14. MOTHER'S MAIDEN NAME Patsy Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Father - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonitis -

(c) Dehydration & toxemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 6-27-52

John J. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville Md

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6-27-52 NAME OF CEMETERY OR CREMATORY Wash. Natl. LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. 6-27-52 REGISTRAR'S SIGNATURE Brenda Downey
24. FUNERAL DIRECTOR Chamberlain - Chapel St. Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIA

JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hgts; LENGTH OF STAY in this place) 40 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS 613-61-Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hgts, Md.; STREET ADDRESS (If rural, give location) 613-61-Ave.

3. NAME OF DECEASED (Type or Print): (First) Ivy (Middle) Lee (Last) Hawkins

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July-5-1881

9. AGE Last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Louisa Co. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Harris

14. MOTHER'S MAIDEN NAME: Sarah Harris.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Sarah Bray.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | Sudden |
| 443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hy Pertension | ? |
| | (c) Hy Pertensive Cardio-vascular Disease | ? |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1946 to June 5, 1952 that I last saw the deceased alive on June 5, 1952 and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE H. E. Bolton (Degree or title) MD ADDRESS 4423-Hunt. Pl. NE. Washington DC DATE SIGNED 6-5-52 D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 6-9-52; NAME OF CEMETERY OR CREMATORY Mt. Olivet; LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. June 5, 1952; REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR H. S. Washington & Son ADDRESS 467 N St. N.W. Wash. D.C.

RECEIVED
JUN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland · COUNTY P. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural give location) 2720 Cheverly Avenue.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Louise (Last) Hogeland

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 3-1-94 | 9. AGE Last birthday: 58 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Laura Posey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Charles Hogeland - Husband - Same

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 42:1 Immediate cause | (a) Acute myocardial infarction | 8 days |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Cardiovascular disease | 3 years |
| | DUE TO (c) Hypertensive heart disease | 3 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16- ,1952., to 6-24. ,1952, that I last saw the deceased alive on 6-23 ,1952, and that death occurred at 3.00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Cheverly-Hyattsville Md - June 24, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/27/52 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 6/24/52 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Wm. Leis & Sons Co. ADDRESS 300 - 4th S.E. Washington, D.C.

VS. A15.

RECEIVED
JUN 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4923-42nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Prince George's — State Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4923-42nd Place

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) Payton (Last) Holden
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 16, 1873
9. AGE: Last birthday 78 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Private home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: McClung Payton
14. MOTHER'S MAIDEN NAME: Gertrude Weaver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Son - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

12 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described herein, that I [Autopsy / Inspected / Inquired] thereon and from the evidence obtained by said [Autopsy / Inspection / Inquiry] thereon and from the evidence [obtained / adduced] at the [inquest / hearing], and death in my opinion resulted from natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Chevy Hyattsville, Md 6-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or County) (State)

Buried 6/17/52 Rock Creek Washington D.C.

DATE REC'D BY LOCAL REG. 6/17/52 6/18/52 | REGISTRAR'S SIGNATURE Amanda Downey James Sisk | FUNERAL DIRECTOR | ADDRESS

E. Gaede & Sons Hyattsville Md

JUN 20 1952
BUREAU U. S.

Items 5,6,7,8,11 FilmG143 6/23/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH — COUNTY: P. George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aquasco
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aquasco
STREET ADDRESS (If rural give location):

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| James | Welson | Johnson | 6 | 13 | 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | Single | 6-13-52 | yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Aquasco, Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ernest Francis Johnson
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia Strangulation due to Parental Cord about the Child's neck at birth — 2-3 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| — | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alfred K. Tapin, M.D. ADDRESS: Clinton, Md. DATE SIGNED: June 13, 1952

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | | | |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| June 13, 1952 | J. H. Billingsley | Rev. Ernest Johnson | Nothing |

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JUN 17 1952
BUREAU V. S.

Item 8 Film 6143 6/23/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cedar Heights
LENGTH OF STAY (In this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6205 - H. Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cedar Heights
STREET ADDRESS (If rural, give location): 6205 - H. Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-10-73

9. AGE Last Birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife - Same address

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4427

Immediate cause (a): Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described hereon, that I viewed the body of said deceased, that I held a(n) Autopsy, Inspection ✗, Inquest ✗ thereon and from the evidence obtained by said Autopsy, Inspection, Inquest, and from my personal knowledge of the facts stated above, and the information received from: natural causes ✓, accident , suicide , homicide , undetermined

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Chevy Md. 6-14-52

BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Removal | 6/14/52 | Washington, D.C.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

6/14/52 | Amanda Downey (Maria F. Campbell) | Henry S. Washington & Son | 467 N St. NW

JUN 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A154 8-51

**1. PLACE OF DEATH:**

COUNTY: Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Glenn Dale (Rural)

LENGTH OF STAY (in this place): 1 yr. 4 mo, 11 da

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: D.C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 1310- 13'th, N.W.

**3. NAME OF DECEASED:** (Type or Print) (First) WILLIAM (Middle) HENRY (Last) JOHNSON

**4. DATE OF DEATH:** (Month) JUNE (Day) 12th (Year) 1952

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | NEGRO | Married | 12/8/06 | 45 yrs. | | | | |

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): window cleaner

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Raleigh, N.C.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** William Johnson

**14. MOTHER'S MAIDEN NAME:** Annie ?

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.): no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 578-03-8436

**17. INFORMANT & ADDRESS:** Decedent

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause 0027 | (a) Tuberculous Pericarditis with effusion | 1 wk. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Pulmonary Tuberculosis | 22 mo. |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☑ No ☐

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31/, 1952, to 6/12/, 1952, that I last saw the deceased alive on 6/12/, 1952, and that death occurred at 9:20 A.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Penicano (DEGREE OR TITLE) M.D. ADDRESS: Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED: 6/12/52

**23. BURIAL, CREMATION REMOVAL** (Specify): Removal. DATE THEREOF: 6/14/52 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 6/14/52 REGISTRAR'S SIGNATURE

**24. FUNERAL DIRECTOR** A. C. Jarvis Co. Washington D.C. ADDRESS 1432 You St. N.W.

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JUN 24 1952
BUREAU V. S.

179

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8470 Piney Branch Court

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Elizabeth (Last) Jones

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 10, 1883
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Savage, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Patrick Smith
14. MOTHER'S MAIDEN NAME Emma F. Maccabee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ___ suicide ___ homicide ___ undetermined ___.*

SIGNATURE John J. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly, Md. DATE SIGNED 6-9-52

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/11/52
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG June 12, 1912
REGISTRAR'S SIGNATURE James Tevey
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

(PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 13 1952
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 328 1

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4801 51st Ave. (Edmonston)

3. NAME OF DECEASED: (Type or Print) (First) Perry (Middle) W (Last) Jones

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 7-29-50
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry W. Jones Sr.
14. MOTHER'S MAIDEN NAME: Marie Lou Bakersmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital Heart Disease, common
DUE TO
(c) atria c̄ intraventricular defect - Pul. stenosis

Interval Between Onset And Death 6/29/52

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27, 1952, to 6/29, 1952, that I last saw the deceased alive on 6/29, 1952, and that death occurred at 7.10 p.m., from the causes and on the date stated above.

SIGNATURE George Hageage (Degree or title) M D ADDRESS 3717-38th Ave DATE SIGNED 6/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/2/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/2/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascherson's Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
JUL 3 1952
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairfield
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairfield.
STREET ADDRESS (If rural, give location) 3604 Greenway Dr. S.E.

3. NAME OF DECEASED (Type or Print) (First) John E. C. (Middle) (Last) Jordan

4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH 9-22-1894
9. AGE last birthday 57 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - Post Office Dept.
10b. KIND OF BUSINESS OR INDUSTRY Postal Service
11. BIRTHPLACE (State or foreign country) CANADA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph Jordan
14. MOTHER'S MAIDEN NAME Crosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) Army 1917-1919
16. SOCIAL SECURITY NO. No.
17. INFORMANT AND ADDRESS Wife: Mellie W. Jordan 3604 Greenway Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Acute Coronary thrombosis | 4 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Arteriosclerotic Heart Disease | 7 Yrs. |
| | (c) | — | — |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-1-, 1952, to 6-2, 1952, that I last saw the deceased alive on 6-1-, 1952, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE John J. Calacco (Degree or title) M.D. ADDRESS 3801 Suitland Rd. S.E. Wash. 20, D.C. DATE SIGNED 6-2-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 4, 1952 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. June 2-52 REGISTRAR'S SIGNATURE Edna F. Collins 24. FUNERAL DIRECTOR J. William Lee's Sons Co. ADDRESS 300 4th St. N.E. Washington D.C.

Patient (John E.C. Jordan) under Care Dr. James Cawood Since 1946.
under my Care from 9:30 pm 6/2/52. Dr. James Boyd - Medical
Examiner Notified of Circumstances and directed Release of this
Certificate.

John J. Calarco. MD.
6/2/52.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George's; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Hyattsville
LENGTH OF STAY (in this place): 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mrs. E. Bell Home - Ager Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: ; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 3739 - 12th St., N.E.

3. NAME OF DECEASED (Type or Print): (First) Valerie (Middle) Joan (Last) Lavis

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 10 1945

9. AGE last birthday: 7 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J. Lavis

14. MOTHER'S MAIDEN NAME: Betty Bassin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Betty Lavis, Baltimore, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral palsy — Interval Between Onset and Death: from birth

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 346.0

(b) respiratory paralysis progressive — from birth

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12, 1952., to 6/16, 1952, that I last saw the deceased alive on 6/16, 1952, and that death occurred at 10:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C/ Lonas A. Christensen Md — ADDRESS: College Park, Md — DATE SIGNED: 6/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/18/1952 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Wash., D.C.

DATE REC'D BY LOCAL REG'R: 6/17/52 — REGISTRAR'S SIGNATURE: Amanda Downey

6/19/52 James Seery

24. FUNERAL DIRECTOR — ADDRESS: Nalley's Funeral Home 3200 R.I. Ave. Mt. Rainier, Md.

RECEIVED
JUN 20 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Prince Georges Co., MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glenn Dale (Rural)
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1147- 10'th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) IRVING (Middle) S (Last) LEE
4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1952
5. SEX: M
6. COLOR OR RACE: CHINESE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 8/23/1918
9. AGE last birthday: 33 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laundryman
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): SanFrancisco, Calif.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fonk Lee
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 9 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐ without Head

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9, 1952, to 6/14, 1952, that I last saw the deceased alive on 6/14, 1952, and that death occurred at 1:55 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Daniel Lee Finnegan M.D. Glenn Dale Sanatorium Glenn Dale, Md. 6/14/52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 6/17/52 NAME OF CEMETERY OR CREMATORY George Wash. Memorial LOCATION (City, town, or county) (State) Bay Ridge, Md.

DATE REC'D BY LOCAL REG. 6/14/52 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR J. Wm Lee Sons Co ADDRESS Wash, DC

RECEIVED
JUN 24
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

**1. PLACE OF DEATH:**
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Md
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4003 53th street

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Md
STREET ADDRESS (If rural, give location) 4003 53th Street

**3. NAME OF DECEASED:** (Type or Print) (First) Genevieve (Middle) Manakee (Last) Leonard

**4. DATE OF DEATH:** (Month) June (Day) 25, (Year) 19 52

**5. SEX:** female
**6. COLOR OR RACE:** white
**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married
**8. DATE OF BIRTH:** 11/25/1902
**9. AGE last birthday:** 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY:** own home
**11. BIRTHPLACE** (State or foreign country): Washington D C
**12. CITIZEN OF WHAT COUNTRY?** U S A

**13. FATHER'S NAME:** Henry Manakee
**14. MOTHER'S MAIDEN NAME:** Emma Morris

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service) no
**16. SOCIAL SECURITY NO.:** none
**17. INFORMANT & ADDRESS:** Emory C Leonard Bladensburg Maryland

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Uremia, chronic | 4 months |
| C16X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Tuberculosis of left kidney and | 5 years |
| | DUE TO (c) Absence of rt. kidney (nephrectomy c. 1935) | 17 years |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

**19a. DATE OF OPERATION:** None
**19b. MAJOR FINDINGS OF OPERATION:** None
**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT SUICIDE HOMICIDE** (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Do not apply (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No injury M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Does not apply.

22. I hereby certify that I attended the deceased from June 2, 1952, to June 25, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

SIGNATURE Wm C. Kansmeier (DEGREE OR TITLE) M.D. ADDRESS 1801 K St. NW, Washington 6, D.C. DATE SIGNED June 25 52

**23. BURIAL, CREMATION REMOVAL** (Specify): Cremation
DATE THEREOF 6/27/52
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland Md (State)
DATE REC'D BY LOCAL REG. 6/27/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascha sons Hyattsville Md (ADDRESS)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 603-Acker Street, N.E.

3. NAME OF DECEASED (Type or Print) (First) Adolphus (Middle) Arnold (Last) Lewis

4. DATE OF DEATH (Month) June (Day) 23 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-20-1907
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Lewis
14. MOTHER'S MAIDEN NAME Lithe Dunmore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-09-0628
17. INFORMANT AND ADDRESS Evelyn Hall Wilson - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema & congestion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Acute congestive heart failure

due to Cerebral concussion

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Oak Crest - (COUNTY) Prince Geo - (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-23-52 1:00 A
INJURY OCCURRED While at work Not while at work ☒
HOW DID INJURY OCCUR? Passenger in automobile which collided with a trailer truck.

22. I certify that I took charge of the remains described above, had an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident ☒ suicide, homicide, undetermined.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Cheverly, Md June 23, 1952

23. BURIAL CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6-23-52
NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Jarvis Funeral Home Washington D.C.

DATE REC'D BY LOCAL REG. June 23, 1952
REGISTRAR'S SIGNATURE Mrs. Jas. Severe
24. FUNERAL DIRECTOR Jarvis Funeral Home ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN. 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural give location) 5400 - Meadow-View Dr.

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) E (Last) Maletti
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE Last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | 6-27-1917 | 34 yrs. | | | | |

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Everett Pealee
14. MOTHER'S MAIDEN NAME: Viola E Lynch

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| NO | NO | NO | Andrew R Maletti Suitland Md. 5460 Meadow View DR |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Uremia.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Congestive Heart Failure
DUE TO (c) Hypertensive Cardiovascular Renal Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1952, to 6/23, 1952, that I last saw the deceased alive on 6/23, 1952, and that death occurred at 4:25 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 2701-28th St NW. Washington DC 6/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/26/52 — NAME OF CEMETERY OR CREMATORY Wash. Nat'l — LOCATION (City, town, or county) Suitland Md. (State)
DATE REC'D BY LOCAL REGISTRAR 6/23/52 — REGISTRAR'S SIGNATURE Amanda Denney

24. FUNERAL DIRECTOR W W Chambers Co — ADDRESS 517-11th St SE Wash. D.C.

VS. A1F

RECEIVED
JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
LENGTH OF STAY (in this place) 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 336 Prince Geo. Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) 336 Prince George St.

3. NAME OF DECEASED: (Type or Print) LEROY (First) (Middle) C. (Last) MALLONEE

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 20 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): engineering draftsman
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin B. Mallonee
14. MOTHER'S MAIDEN NAME: Alberta C. Farrall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: 212-05-5904
17. INFORMANT & ADDRESS: Josephine B. Mallonee 336 Pr Geo St Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 Immediate cause (a) Coronary thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 2½ years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-26, 1952, and that death occurred at 6:30 pm, from the causes and on the date stated above.
SIGNATURE William R. Bunge (Degree or title) M.D. ADDRESS Laurel, Md. DATE SIGNED 6-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 29 1952
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel Maryland
DATE REC'D BY LOCAL REGISTRAR June 29-52
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 265

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) transit | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS New Hampshire Ave (8407) | STREET ADDRESS (If rural, give location) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Michael | (Middle) Francis | (Last) Martin | 4. DATE OF DEATH | (Month) June | (Day) 3 | (Year) 1952 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 10-9-84 | 9. AGE last birthday 67 yrs. | If under 1 year Months / Days | If under 24 hrs Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball Scout | 10b. KIND OF BUSINESS OR INDUSTRY Baseball | 11. BIRTHPLACE (State or foreign country) New York State | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13. FATHER'S NAME Francis Martin | 14. MOTHER'S MAIDEN NAME Unknown | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 578-14-4849 | 17. INFORMANT AND ADDRESS Wife. Same Address | | | | | |

18. MEDICAL CERTIFICATION

| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute congestive heart failure | |
| 450.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary occlusion | |
| 8[illegible] | (c) Cardiovascular renal disease | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Automobile collision | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING X CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) Hyattsville | (COUNTY) Pr. Geo. | (STATE) Md. |
| TIME OF INJURY (Month) 6 (Day) -3 (Year) -52 (Hour) 1.35 P.M. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Automobile driven by deceased collided with another automobile. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, occident _, suicide _, homicide _, undetermined _.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John J. Maloney, M.D. | Dep. Med. Exam. | Hyattsville, Md. | June 3, 1952 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | June 5 1952 | Mt Olivet Cemetery | Washington D.C. |

| DATE REC. LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| June 3, 1952 | Jacob Sivey | The S. H. Hines Co. | 2901-14th St N.W. Washington D.C. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Heights
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fields adjacent to 4612 R.I.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1529 - Kenilworth Ave.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Mapsell

4. DATE OF DEATH (Month) June (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 2. 1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trainer
10b. KIND OF BUSINESS OR INDUSTRY Horses
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Mapsell
14. MOTHER'S MAIDEN NAME Sarah Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-34-4871
17. INFORMANT AND ADDRESS Robt A. Mapsell - 1616 - Kenilworth Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxemia

(c) Acute alcoholism.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, occident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Maloney M.D. Dep. Med. Exam. ADDRESS Cheverly Md DATE SIGNED 6-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/8/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. 6/8/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasche sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 10 1952
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY PRINCE GEO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY
LENGTH OF STAY (in this place) 1 WEEK
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACORIDA REST HOME 2601 - CHEVERLY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 5110 - 5TH ST. N.W.

3. NAME OF DECEASED (Type or Print): (First) ANNE (Middle) CECELIA (Last) MCCARTHY
4. DATE OF DEATH: (Month) JUNE (Day) 23 (Year) 1952
5. SEX: FE.
6. COLOR OR RACE: WH.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SING.
8. DATE OF BIRTH: 1/21/1876
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CLERK
10b. KIND OF BUSINESS OR INDUSTRY: BU. ENG., U.S. GOVT.
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: TIMOTHY MCCARTHY
14. MOTHER'S MAIDEN NAME: MARY DONOVAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia, left | 8 days. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hemiplegia, left, due to cerebro-vascular accident, right | 2½ mo. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1952, to June 23, 1952, that I last saw the deceased alive on June 23., 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| William F. Simpson, D-M.D. | | 6216 N. Hampshire Ave N.E. | 6/23/52 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6/26/52 | Mt. Olivet | Wash. D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6-23-52 | Emma da Downey | Francis J. Collins | 3821-14TH ST. N.W. |

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 91

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5412-14th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Max (Middle) — (Last) Miller
4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (M)
8. DATE OF BIRTH: 3-1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): unk.
10b. KIND OF BUSINESS OR INDUSTRY: unk.
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO
204.1
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c) Splenomyelogenous Leukemia — Interval Between Onset And Death: 2 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Arteriosclerotic Heart Disease — 6 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to June 6, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 2 15 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Samuel J. Hugar Md
ADDRESS 4300 Kaywood Dr Mt Rainier Md
DATE SIGNED June 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-8-52
NAME OF CEMETERY OR CREMATORY Ada's Israel Cemet
LOCATION (City, town, or county) (State) Wash D.C.
DATE REC'D BY LOCAL REGISTRAR 6/6/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR B. Danzansky & son
ADDRESS 3501-14 St NW Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 69231 / 432

**1. PLACE OF DEATH:**
COUNTY Pr. Geo's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo's Gen. Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) (Middle) (Last) (Infant Morris)

**4. DATE OF DEATH:** (Month) 6 (Day) 22 (Year) 1952

**5. SEX:** M

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** June 21, 1952

**9. AGE last birthday:** yrs. IF UNDER 1 YEAR: Months, Days 1 IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Infant

**10b. KIND OF BUSINESS OR INDUSTRY:** -

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Ransom Morris

**14. MOTHER'S MAIDEN NAME:** Eleanor Allen

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Ransom Morris Upper Marlboro, Md. (father)

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH 2 [illegible]

DUE TO

Antecedent cause(s) (b) Cysts on Enlarged Thymus Gland 22 [illegible]

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Causing Pressure on Trachea

273X

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death. None

**19a. DATE OF OPERATION:** None

**19b. MAJOR FINDINGS OF OPERATION:** —

**20. AUTOPSY?** Yes ☑ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 21, 1952 to June 22, 1952, that I last saw the deceased alive on 6-22 1952, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE James E. Fusseer (DEGREE OR TITLE) ADDRESS M. D. Marlboro, Md. DATE SIGNED 6-23-52

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial

DATE THEREOF 6/24/52

NAME OF CEMETERY OR CREMATORY Trinity Episcopal

LOCATION (City, town, or county) Upper Marlboro. (State) Md.

DATE REC'D BY LOCAL REG June 23 1952

REGISTRAR'S SIGNATURE ~~Joan F. Danner~~ Amanda Downey

**24. FUNERAL DIRECTOR** Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Maryland
STREET ADDRESS (If rural give location) 5027 - 37th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) M (Last) Mullican

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 3 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Donald S. Butt - Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident

4331 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cancer of bilirubin

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-26, 1952, and that death occurred at 12:10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Hyattsville DATE SIGNED 6-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 6-26-52 NAME OF CEMETERY OR CREMATORY Deal Fun. Home LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 6-26-52 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS Washington 4812 Mo. Ave. NW Dc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

32

Reg. Dist. No. 23B

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (In this place) 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4409 Van Buren St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park.
STREET ADDRESS (If rural, give location) 4409 Van Buren St.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Parish (Last) Pell.
4. DATE OF DEATH (Month) (Day) (Year) 6-14-52 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-10-24
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Engineer
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Atlanta, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George H. Pell
14. MOTHER'S MAIDEN NAME Virginia Parish.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2
16. SOCIAL SECURITY No. 578-24-4535
17. INFORMANT AND ADDRESS Mrs. Pearl Pell - 328 Ridge Rd. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia & toxemia

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation & burns

(c) Conflagration in home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) University Park (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-14-52 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Smoke and Conflagration in home.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. - Hyattsville, Md - 6-14-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial - DATE THEREOF 6/18/52 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 6/17/52 REGISTRAR'S SIGNATURE ~~Amanda Sowney~~ John Smith
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (In this place) 18 years | HOSPITAL OR INSTITUTION OR STREET ADDRESS 4201-Queensbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Prince George's | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | STREET ADDRESS (If rural, give location) 4201-Queensbury Rd.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Arthur | James | Perry | June | 4 | 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | June 10 1886 | 65 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired | Army Officer | Indiana | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles Wesley Perry | Ruth Cox Perry |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| yes War 1 & 2 | | Arthur J. Perry-Son-4203 Queensbury Rd. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Coronary sclerosis

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John J. Maloney | M.D. Dep. Med. Exm. | Cheverly, Md. | 6-4-52 |

| 23. BURIAL, CREMATION OR REMOVAL Specify | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Interment | June 7 1952 | Arlington Nat. Cemetery | Arlington Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| June 4 1952 | James Devers | The S. H. Hines Co. | 2901-14th St. N.W. Washington D.C. |

RECEIVED
JUN 6 1952
LORD J. V. S.

M

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

T

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 130 Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): 130 Washington Blvd

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) Sherman (Last) Chair
4. DATE OF DEATH (Month) June (Day) 3 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 10, 1888
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Hyndman Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Sylvester Emerich
14. MOTHER'S MAIDEN NAME: Emma Sherman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Maxine Whittaker, Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease - Chronic Cholecystitis Cholelithiasis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): X — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): X — (CITY OR TOWN): X — (COUNTY): X — (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X — INJURY OCCURRED While at Work ☐ Not While At work ☐: X — HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from 6/1 1951, to 6/3 1952, that I last saw the deceased alive on 6/3 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: N B Forward (Degree or title) — ADDRESS: 314 Compton ave Laurel Md — DATE SIGNED: 6/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 6 1952 — NAME OF CEMETERY OR CREMATORY: Fry Hill Cemetery — LOCATION (City, town, or county): Laurel Maryland (State)
DATE REC'D BY LOCAL REG.: June 6 - 1952 — REGISTRAR'S SIGNATURE: M. Brashears
24. FUNERAL DIRECTOR: DeWitt Donaldson — ADDRESS: Laurel Md

RECEIVED
JUN 9 1952
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A35 8-51

**1. PLACE OF DEATH:**
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) 3 mos. 5 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED: (Type or Print)** (First) Pipkin (Middle) Female (Last)

**4. DATE OF DEATH:** (Month) June (Day) 16 (Year) 19 52

**5. SEX:** F

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** S

**8. DATE OF BIRTH:** June 16, 52

**9. AGE last birthday:** ✓ yrs.
IF UNDER 1 YEAR: Months / Days / Hours 3 / Min. 5
IF UNDER 24 HRS.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): N. B.

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Wade S. Pipkin

**14. MOTHER'S MAIDEN NAME:** Helene

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:**

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Premature separation Placenta — Interval between onset and death: 6/12/52

~~DUE TO~~ 761.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO Prematurity — 6/16/52

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 19~~52~~, to 6/16, 19~~52~~, that I last saw the deceased alive on 6/16, 19~~52~~, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

[signature] M.D. 3211-38th — 6/17/52

**23. BURIAL, CREMATION, REMOVAL (Specify):** Cremation

DATE THEREOF June 21-52

NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp

LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 6/24/52

REGISTRAR'S SIGNATURE Amanda Downey

**24. FUNERAL DIRECTOR** Harry W Penn Jr Supt — ADDRESS

RECEIVED
JUN 25 1952
BUREAU V. S.

598

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Transitruck Center

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Transitruck Center

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Francis (Last) Porter

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Sept 6 1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carelaker
10b. KIND OF BUSINESS OR INDUSTRY Gasoline Serv. Center
11. BIRTHPLACE (State or foreign country) St Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-10-8608
17. INFORMANT AND ADDRESS Jessie F. Sanders - 386 Main St. Laurel Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, [illegible] day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ [illegible]

SIGNATURE John T. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly Md. DATE SIGNED 27-52

23. BURIAL, CREMATION OR MOVAL (Specify) Burial
DATE TRUE FOR 7/1/52
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG 7-1-52 7-3-52
REGISTRAR'S SIGNATURE Amanda Doroney M. Brackett
24. FUNERAL DIRECTOR F. Gasch & sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS-A15A

RECEIVED
JUL 7 19
BUREAU V. S.

0699

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) V (Last) Porter

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1909

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pattern Helper

10b. KIND OF BUSINESS OR INDUSTRY: Sanitorium

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Porter

14. MOTHER'S MAIDEN NAME: Maggie Shepherd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Roberta Lundeen — Sister

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Acute congestive heart failure

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral congestion and edema

(c)

4". 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry therein and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ], accident ], suicide ], homicide ], undetermined ].*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly — Md. 6-4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: June 5, 52 | NAME OF CEMETERY OR CREMATORY: Stewart Fun. Home | LOCATION (City, town, or county) (State): Washington, D.C.

DATE RECD BY LOCAL REG.: 6/5/52 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: J. J. Stewart Fun. Home | ADDRESS: Wash. D.C.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 9 1952
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS B.O.O.R.R. Tracks

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 7D Southway Rd.

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Webster (Last) Powell
4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 9 1926
9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail-Man
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Mail.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Paul C Powell
14. MOTHER'S MAIDEN NAME: Beauford Mc Mullen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW II — (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. 220-18-5928
17. INFORMANT AND ADDRESS: Rozella Powell (wife) Same as 2

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

810.4 **Immediate cause** (a) Hemorrhage & shock

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Multiple compound - comminuted
(c) fractures of head & body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY P.R.R. Tracks — (CITY OR TOWN) Riverdale — (COUNTY) P.G. — (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 6-5-52 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Driver of automobile struck by B.O.O. engine.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John D. Mahony M.D. Dep. Med. Exam. Hyattsville, Md. 6-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7 June 52 — NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery — LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. June 6 1952 — REGISTRAR'S SIGNATURE James Seay — 24. FUNERAL DIRECTOR — ADDRESS
J. Davis Sons Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AHA

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JUN 10 19
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Pr. Geo. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) George (Last) Prohaska
4. DATE OF DEATH (Month) June (Day) 25 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-29-1897
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles-Thomas Prohaska
14. MOTHER'S MAIDEN NAME Mary Moreck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I
16. SOCIAL SECURITY No. 215-09-0321
17. INFORMANT AND ADDRESS Brother William - 2338 R. St. S.E. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Block.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge [illegible] Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy Inspection [illegible] from: natural causes X accident suicide [illegible] undetermined

SIGNATURE John J. Maloney, M.D. Dep. Med. Exam. ADDRESS Cheverly Md DATE SIGNED 6-25-52

23. BURIAL CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/27/52 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 6-25-52 REGISTRAR'S SIGNATURE Carrie F. Campbell FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
JUN 30
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 242

VS A45 8-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**
County: Prince Georges
City or town: Highland Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 27 yrs
Hospital, institution, or street address where death occurred:
1209 – 69" ave.
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Highland Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1209 – 69" ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

**3.(a) FULL NAME:** Nellie Richards

**3.(b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | Negro | Widowed |

6.(b) Name of husband or wife: Henry Richards
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 3, 1865

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 7 | 18 | hrs. min. |

9. Birthplace: Fredericksburg, Va.
(Town, county, and state)
10. Usual occupation: Chefiar
11. Industry or business:

MOTHER FATHER
12. Name: Unknown
13. Birthplace: " "
14. Maiden name: Unknown
15. Birthplace: " "

16. Informant: Mrs. Selena R. Boyd
Address: 1209 – 69" ave.

17. Removal (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory:
Location: Wash. D.C.
18. Funeral director: Henry L. Washington & Sons
Address: 467 "N" St. N. W. Wash. D.C.

19. June 21 1952 Carrie F. Campbell
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21, 1952, at 12:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1947 to June 21, 1952
and that I last saw h.e alive on June 20 1952

DISEASE

Immediate cause of death: Congestive Heart Failure
Due to: Left Ventricular Failure
Due to:
Other conditions: Natural Causes age 434
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John Robinson M.D.
M. D., or other
Address: 1001 Eastern Ave. N.E. Date signed: 6/21/52

JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover, Md.
STREET ADDRESS (If rural give location) Columbia Pk.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) V (Last) Ridley
4. DATE OF DEATH: (Month) June (Day) 18. (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 10-6-03
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Poster
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vinton S. Ridley
14. MOTHER'S MAIDEN NAME: Florence H. Smallwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Jeanne Ridley Lanover Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia Congestive Ht. Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiomegaly
DUE TO
(c) Hypertensive Cardiovascular Renal Disease

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6 1952, to 6-18, 1952, that I last saw the deceased alive on 6/17, 1952, and that death occurred at 8:15 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Wm. Etienne M.D. ADDRESS College Pk. DATE SIGNED 6/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/21/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md
DATE REC'D BY LOCAL REGISTRAR 6-19-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasebusons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '14

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 27 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Box 83

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Rider

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 4-18-1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1 Immediate cause — (a) Hypopyrexia, respiratory & Circulatory failure — Interval Between Onset And Death: 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coma - cerebrovascular accident — 4 days.
DUE TO (c) Portal Cirrhosis of the liver - alcoholism — More than 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1952 to 6-29, 1952 that I last saw the deceased alive on 6-29, 1952 and that death occurred at 12:00 M. N; from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Ellis Evans, M.D. ADDRESS College Park, Md. DATE SIGNED 6-30-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3 July 1952 — NAME OF CEMETERY OR CREMATORY Lincoln Cem — LOCATION (City, town, or county) Prince Georges Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-30-52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. W. Chambers Co. — ADDRESS 5134 Baltimore Ave. Hyattsville, Md.

RECEIVED
JUL 2 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Md
LENGTH OF STAY (in this place) Approx. life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro, Md
STREET ADDRESS (If rural, give location) 1 mi S.W.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) WILSON (Last) SASSCER

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept 7, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geo W Wilson

14. MOTHER'S MAIDEN NAME: Eloise ? Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Frederick Sasscer

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cachexia | 6 mos |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis, generalized | Unk. |
| | (c) Congestive Heart Failure | 6 hrs |

4th 10 170X1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Squamous Carcinoma, left breast

19a. DATE OF OPERATION: Oct 1947

19b. MAJOR FINDINGS OF OPERATION: Ca breast + metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to 21 June, 1952, that I last saw the deceased alive on 19 June, 1952, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE: F R Sasscer (Degree or title) M.D. ADDRESS: Upper Marlboro, Md. DATE SIGNED: 6-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/23/52 — NAME OF CEMETERY OR CREMATORY: Trinity Episcopal — LOCATION (City, town, or county) (State): Upper Marlboro Md.

DATE REC'D BY LOCAL REG.: June 22 1952 — REGISTRAR'S SIGNATURE: John T Danner

24. FUNERAL DIRECTOR ADDRESS: Ritchie Bros. Upper Marlboro, Md.

RECEIVED
JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416 8.51

**1. PLACE OF DEATH:**
COUNTY: PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
LENGTH OF STAY (in this place): 7 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md — COUNTY: PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
STREET ADDRESS (If rural, give location): 7809 Wildwood, DRIVE

**3. NAME OF DECEASED:** (First) SAMUEL (Middle) HARLAN (Last) SATER

**4. DATE OF DEATH:** (Month) 6 (Day) -15 (Year) 1952

**5. SEX:** MALE

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** MARRIED

**8. DATE OF BIRTH:** Feb 27, 187[illegible]

**9. AGE last birthday:** 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): RETIRED

**10b. KIND OF BUSINESS OR INDUSTRY:** FARMER

**11. BIRTHPLACE** (State or foreign country): DANVILLE IOWA

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** THOMAS J. SATER

**14. MOTHER'S MAIDEN NAME:** AMMY PHARES

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service): NO

**16. SOCIAL SECURITY NO.:** —

**17. INFORMANT & ADDRESS:** MRS MAUDE SATER - DANVILLE, IOWA

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Uremia | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) | Cardio vascular accident | 9 mo |
| | DUE TO (c) | | |

42 in 1

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952, to June 15, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 12:06 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Ernest A. Sarao MD. — 7006 New Hampshire Ave Takoma Park Md — 6/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/15/52 — NAME OF CEMETERY OR CREMATORY: JAEGER CEM. — LOCATION (City, town, or county) (State): DANVILLE IOWA

DATE REC'D BY LOCAL REG.: June 15 1952 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR — ADDRESS: The S. H. Hines Co. - 2901 - 14th St N.W. WASHINGTON D.C.

RECEIVED
JUN 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

M

MARGIN RESERVED FOR BINDING

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH** — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (in this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

**2. USUAL RESIDENCE (HOME) OF DECEASED** — STATE: Md — COUNTY: Pr George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dupont Heights
STREET ADDRESS (If rural, give location): Spalding Ave

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Josephine | Allen | Scott | June | 2 | 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | Col | | | 70 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Montgomery Co. Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Unknown | Margaret Johnson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| NO | None. | Perry F. Scott |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Heart Disease

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential Hypertension — 30 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | Dupont Hts | Prince George | Md. |

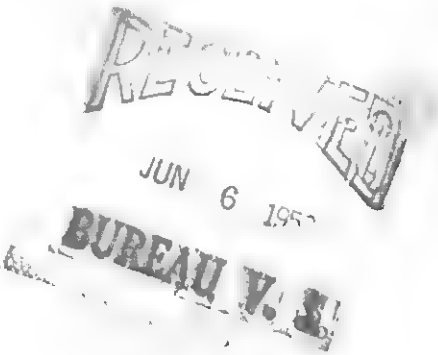
| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ | Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| | | | m. | | | |

22. I hereby certify that I attended the deceased from June, 1948, to May 31, 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at 7:30 A.m., June 2, 1952 from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John W. Rantz | M.D. | 330-61st St. N.E. | June 2, 1952 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | June 2, 1952 | | Washington D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| June 2, 1952 | [illegible] | Henry S. Washington Sons | 467 "N" st. N.W. |


JUN 6 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hunt, Oxon Hill
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6009 Oxon Hill Road S.E. Washington 20 D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20 D.C.
STREET ADDRESS (If rural, give location) 6009 Oxon Hill Rd S.E.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) (Day) (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 24 1879

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible] Md.

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible] Talbert

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Margaret [illegible] 769 [illegible] Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebrovascular Occlusion | 1/2 hr. |
| 260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Heart Disease [illegible] | unknown |
| | (c) Diabetes Mellitus | 5 yrs |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Overweight and [illegible]

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 24

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. June 21-52

REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517-11th St. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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415A

RECEIVED
JUN 26 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 237

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash-Balt. Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6409 - Kansas Ave

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Donald (Last) Skapik

4. DATE OF DEATH (Month) 6 (Day) 23 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 10, 1927
9. AGE last birthday 24 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Line Keeper
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Paul Skapik
14. MOTHER'S MAIDEN NAME Marie C. Wendt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS George Skapik - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest & multiple fractures of extremities

(c) Automobile collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Laurel (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 23 (Year) 52 (Hour) A
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto driven by deceased collided with Trailway Bus.

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John J. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly Hyattsville Md. DATE SIGNED 6-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/26/52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, (State) Va.

DATE REC'D BY LOCAL REG June 26-52
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th ST. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
JUN 30 1952
BUREAU V. S.

10

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

231

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 Mn.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6996 Central Ave

3. NAME OF DECEASED (Type or Print) (First) Murrell (Middle) Edward (Last) Soper.

4. DATE OF DEATH (Month) June (Day) 22, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH 1-1-35
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY High School.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Soper
14. MOTHER'S MAIDEN NAME Ethel Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Father - Same address -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull & crushed

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street
(CITY OR TOWN) Springfield, (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) 6-22-52 (Day) (Year) 12.45 P.M. (Hour)
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from moving truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John. Maloney M.D. (Degree or title) Dep. M.d. ADDRESS Exam. Cheverly, Md. DATE SIGNED 6-22-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/26/52
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. June 23-52
REGISTRAR'S SIGNATURE Carrie F. Campbell
Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517-11 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 7/16/51 338 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Flora (Middle) F (Last) Sprague
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1952
5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 29 June 79
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Government Retired
11. BIRTHPLACE (State or foreign country) Morris, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Ezra Palmatier
14. MOTHER'S MAIDEN NAME Alwilda Palmatier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Fitzsimmons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral thrombosis | hour |
| 32 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis, Generalized | Years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonian Disease

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/1, 1951, to June 27, 1952, that I last saw the deceased alive on June 21, 1952, and that death occurred at 12 m. from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. T. Bayly
ADDRESS 1835 Eye N.W.
DATE SIGNED 28/June/52

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE THEREOF 6/29/52
NAME OF CEMETERY OR CREMATORY Binghamton
LOCATION (City, town or county) New York (State)

DATE REC'D BY LOCAL REG. June 29 1952
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR & Gasche sons Hyattsville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale — LENGTH OF STAY (in this place): 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Pk Md.
STREET ADDRESS (If rural, give location): 4804 Erskine Rd.

3. NAME OF DECEASED (Type or Print): (First) Owen (Middle) — (Last) Sullivan
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: DC Water Div.
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Sullivan
14. MOTHER'S MAIDEN NAME: Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Benjamin Zimmerman Step-Son — Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ischemic heart dis; Mitral insufficiency — Interval Between Onset and Death: year 30+

4.6X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pt. Congestive failure — 2-3 yr

(c) Occ yell of ac left ventricular failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary arteriosclerosis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ last 3 yrs 19....., to June 20, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 12:16 a m., from the causes and on the date stated above.

SIGNATURE: C. W. Wolfson (Degree or title) M.D. — ADDRESS: 500 Underwood St NW DC — DATE SIGNED: 6/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 23, 1952 — NAME OF CEMETERY OR CREMATORY: Mt Olivet — LOCATION (City, town, or county) (State): Washington DC
DATE REC'D BY LOCAL REG.: June 20 1952 — REGISTRAR'S SIGNATURE: James Severy
24. FUNERAL DIRECTOR: Hanlon Funeral Home — ADDRESS: [illegible]

RECEIVED
JUN 23 1952
BUREAU K S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20 DC
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allentown Road SE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20 DC
STREET ADDRESS (If rural, give location) Allentown Rd S.E.

3. NAME OF DECEASED (Type or Print) (First) Jane (Middle) N. (Last) Swann

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1952

5. SEX Fem
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan 25 1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Abell, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Norris
14. MOTHER'S MAIDEN NAME Elizabeth Jane Cheseldine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Annabel Biggs.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Acute Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Pancarditis & Rheumatic Heart disease — unknown

(c) Cerebral Hemorrhage — 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Natural Causes

22. I hereby certify that I attended the deceased from June 3, 1952, to June 27, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. Washington 19 DC June 27 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 30-1952
NAME OF CEMETERY OR CREMATORY Trinity Church Cemetery
LOCATION (City, town, or county) Newport (Charles Co) (State) Md

DATE REC'D BY LOCAL REG. June 27-1952
REGISTRAR'S SIGNATURE Howard I Beale
24. FUNERAL DIRECTOR Simmons Bros. 2007 Nichols Ave SE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1952
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. C-40 DATE 7-1-52

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231 242

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) Box #115

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 6 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lovert Grimes
14. MOTHER'S MAIDEN NAME: Eliza ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca of Breast c̄ Metastasis
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 po, 1952, to 6/21, 1952, that I last saw the deceased alive on 6/21, 1952, and that death occurred at 9.15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert J. O'Donnell MD
ADDRESS 2701-28th St NW Wash, DC
DATE SIGNED 6/22/52

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 6-25-1952
NAME OF CEMETERY OR CREMATORY Queens Chapel Cem.
LOCATION (City, town, or county) (State) Muirkirk Md.

DATE REC'D BY LOCAL REGISTRAR June 23-52
REGISTRAR'S SIGNATURE ~~Carrie F. Campbell~~ Amanda Downey
24. FUNERAL DIRECTOR Henry S. Washington & Sons
ADDRESS 467 "N" st N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1952
BUREAU V. S.

Item 9 Films 143 6/[illegible]/52 wnw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville.
STREET ADDRESS (If rural give location) 5506-40 Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Helen (Last) Tessier
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-16-1891
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerical - Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Treasure Dept.
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Power
14. MOTHER'S MAIDEN NAME: Elizabeth Gregan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 577-32-7441
17. INFORMANT & ADDRESS: Charles Tessier Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary thrombosis
DUE TO
4200
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease
DUE TO
(c)

Interval Between Onset And Death: 2 weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1952, to 6-11, 1952, that I last saw the deceased alive on 6-11, 1952, and that death occurred at 5:31 AM from the causes and on the date stated above.

SIGNATURE: R.A. Bauer (Degree or title) M.D. ADDRESS: 4514 Gallatin St. Hyattsville, Md. DATE SIGNED: 6-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/13/52
NAME OF CEMETERY OR CREMATORY: St Marys
LOCATION (City, town, or county) (State): Washington Dc
DATE REC'D BY LOCAL REGISTRAR: 6/13/52
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: E Gaschenson Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 17 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) (Last) Thorn

4. DATE OF DEATH: (Month) 26 (Day) June (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-4-1889
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
(5 31.)
Immediate cause (a) ② Cirrhosis of Liver
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ① A - Hepatic failure
DUE TO
(c)

Interval Between Onset And Death 6 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-25, 1952, and that death occurred at 4:00 AM from the causes and on the date stated above.
SIGNATURE (Degree or title) [illegible] ADDRESS Cheverly [illegible] DATE SIGNED 6-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR 6-26-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Stewart Fun Home ADDRESS 30 H-N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Park Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 46 Gun St NE

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) F. (Last) TROGNER

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-11-69

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINTER

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov. Retired

11. BIRTHPLACE (State or foreign country): Nelsonville Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE W. TROGNER

14. MOTHER'S MAIDEN NAME: HANNAH M SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: CLAUDIA S. TROGNER 46 Gun St NE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Senile Arteriosclerosis | 3 yrs. |
| 443K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension | 3 yrs. |
| | (c) Myocardial chronic | 1 yr. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to June 3, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard [illegible] ADDRESS: 4601 16th St. N.W. DATE SIGNED: June 3 1952

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF: 6-6-52

NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: June 4 1952

REGISTRAR'S SIGNATURE: James Devers

24. FUNERAL DIRECTOR: Neal Funeral Home ADDRESS: 4812 Ga Ave NW

RECEIVED
JUN 6 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY in this place: 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6705--F--Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville,
STREET ADDRESS (If rural, give location) 5600 Hamilton Manor Drive

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) REED (Last) TROOP

4. DATE OF DEATH: (Month) June (Day) 2nd, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec.6/1890

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: US Navy Dept.

11. BIRTHPLACE (State or foreign country): Washington, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Woolard

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Glenwood S.Troop, Jr. 5600 Hamilton Manor Dr. W.Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease

(c) Right hemiplegia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1952, to June 2, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 9:32 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Virginia E. Shipley MD | 7003 Emerson St, Landover Hills, Md | 6-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 4/1952 | NAME OF CEMETERY OR CREMATORY: Washington Nat'l Cem. | LOCATION (City, town, or county) (State): Suitland Rd - Pr Geo. Md.

DATE REC'D BY LOCAL REG.: June 3-1952 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers Company, Riverdale, Md.

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JUN 6 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5809 Annapolis Road

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | Walter | Klein | Urich | June | 3 | 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Feb. 13 1902 | 50 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Parole Executive | U.S. Bd. of Parole | Ohio | U.S.A. |

13. FATHER'S NAME: George Urich
14. MOTHER'S MAIDEN NAME: Anna Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Lowell M. Urich Hyattsville Md

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carbon monoxide poisoning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN) Hyattsville (COUNTY) Prince Georges (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 6-3-52 A m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? From exhaust of automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| John D. Maloney M.D. Dep. Med. Exam. | Cheverly Md | 6-4-52 |

| 23. BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6/7/52 | Ft Lincoln | Colmar Manor Md |

| DATE RECD BY LOCAL REG | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6/6/52 | Amanda Downey | F Gasche Sons | Hyattsville Md |

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 289

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 WASH. BLVD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE CITY
STREET ADDRESS (If rural, give location) 2027 EAST PRATT ST

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) TULL (Last) WATTS
4. DATE OF DEATH: (Month) JUNE (Day) 8 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: apr 21, 1903
9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATTENDANT
10b. KIND OF BUSINESS OR INDUSTRY: DISTRICT TRAINING SCHOOL
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN EMORY TULL
14. MOTHER'S MAIDEN NAME: HILDA MAE LANDON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-16-0620
17. INFORMANT AND ADDRESS: MARY BOST ESSEX BALTIMORE COUNTY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion & Infarction — Interval Between Onset and Death: 1 hr

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic HCVD — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Feb., 1952, to 8 June, 1952., that I last saw the deceased alive on 8 June, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: Thomas R. Ulshafer (Degree or title) MD ADDRESS 322 Prince George St Laurel Md DATE SIGNED 8 June '52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 10 1952
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens
LOCATION (City, town, or county) (State) Bel Air, Maryland

DATE REC'D BY LOCAL REG. June 10 - 1952
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR DeWitt Donaldson ADDRESS Laurel, Md.

RECEIVED
JUN 12
BUREAU V. S.

Item 9 FilmG143 6/23/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) and give nearest town) OR TOWN Fairmont Heights transit
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Structure in front of 6105 K. Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 6111 K. Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Ernest | | Webb. | 6-12 | — | 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE Last Birthday | If under 1 year: Months | Days | If under 24 hrs: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | Married | April 1912 | 39 yrs. 40 | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willard Webb.
14. MOTHER'S MAIDEN NAME: Lottie Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Melvin Webb - 1004 - 60th Ave. Fairmont Heights

### 18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

981 X Antecedent cause (b) Gunshot wound of chest

(c)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

20. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

21a. DATE OF OPERATION | 21b. MAJOR FINDINGS OF OPERATION | 22. AUTOPSY? Yes ☐ No ☐

23. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Fairmont Heights. | (COUNTY) P.G. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6-12-52 3.20 A m. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Shot in right chest by another man. 20 gauge shot gun

24. I certify that I attended the deceased from [illegible] to [illegible], that I last saw the deceased alive on [illegible], that Autopsy X, Inspection X, Inquiry X thereon, and from the evidence obtained by said Autopsy, Inspection or Inquiry, and from my knowledge of the case, I state that death occurred on the date stated above, and death in my opinion was related from natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐

SIGNATURE (Degree or title): John D. Maloney M.D. Dep. Med. Exmr. | ADDRESS: Cheverly, Hyattsville, Md. | DATE SIGNED: 6-12-52

BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: June 15 1952 | NAME OF CEMETERY OR CREMATORY: Moody Cemetery | LOCATION (City, town, or county): Easton | (State): N. C.

DATE REC'D BY LOCAL REG.: 6-13-52 | REGISTRAR'S SIGNATURE: [illegible] | FUNERAL DIRECTOR: Robert Kelly Washington D.C. | ADDRESS: 611 K. St.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY Prince George's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Hills

LENGTH OF STAY (in this place): 2 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3422 Tulane Drive

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY Prince George's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Hills Maryland

STREET ADDRESS (If rural, give location): 3422 Tulane Drive

**3. NAME OF DECEASED:** (First) Walter (Middle) Eli (Last) Weigel

**4. DATE OF DEATH:** (Month) June (Day) 26, (Year) 19 52

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| male | white | Married | Feb 27, 1903 | 49 years yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Salesman | Globe Distributing Co | Baltimore Maryland | U S A |

**13. FATHER'S NAME:** Abraham Weigel

**14. MOTHER'S MAIDEN NAME:** Lillie K —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Roberta M Weigel University Hills Maryland

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| **Immediate cause** | (a) Ventricular standstill | minutes |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Arterio-sclerotic Heart. | 1948 |
| | DUE TO (c) Coronary heart disease. | 1946 |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1946, to 6/26, 1952, that I last saw the deceased alive on 6/26/52, 19..., and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE Bernard Clark (DEGREE OR TITLE) M.D. ADDRESS 900-17th St. N.W. DATE SIGNED 6-27-52

| 23. BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town or county) (State) |
|---|---|---|---|
| Cremation | 6/28/52 | Cedar Hill | Suitland Md |

DATE REC'D BY LOCAL REG. June 28, 1952 — REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR F Gasche & Sons Hyattsville Md — ADDRESS

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JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

6723

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (Rural, give location) 4800 Rittenhouse St.

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Leslie (Last) White
4. DATE OF DEATH (Month) June (Day) 30 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 22, 1949
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Methuen, Mass
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Howard L. White
14. MOTHER'S MAIDEN NAME Regina Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of base of skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street (CITY OR TOWN) Riverdale (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-30-52 8.00 P.M.
INJURY OCCURRED Whilst at work X
HOW DID INJURY OCCUR? apparently struck by an automobile

22. *I certify that I took charge of the remains described above, he[illegible] in Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident X, suicide, [illegible] undetermined*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly Md June 30, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/2/52
[illegible] CEMETERY Evergreen
[illegible] (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. 7/2/52
REGISTRAR'S SIGNATURE Amanda Downey
24. [illegible] DIRECTOR [illegible] Gasche sons Hyattsville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. AIDA

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? 1952
LAND V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 24 R. Ridge Rd.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Howard | S | White | June | 11 | 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | June 26 - 1950 | 2 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | | Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| David White | Ann Pachman |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Laryngeal Obstruction - | one hour |
| 474X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Laryngitis | 24 hours |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mongolism — some birth

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from July 1, 1950, to June 1, 1952, that I last saw the deceased alive on June 1, 19....., and that death occurred at 1:45 P. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| William Eisner 2nd | 30 B. Ridge Rd; Greenbelt, Md | 6-11-52 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 6/11/52 | | Wash. D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6/11/52 | Amanda Deane (John Smith) | Bernard Daugansky & Son | Wash. D.C. 3501-14th St. N.W. |

Coroner notified.
(work)

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 3 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights
STREET ADDRESS (If rural, give location) 5502 - 26TH AVE.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MARIE | K | WIRZ | June | 15 | 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | March 27, 1891 | 61 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Germany | U.S.A. |

13. FATHER'S NAME: William Kifferle
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Christian J. Wirz same address

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute Coronary Occlusion | 10-15 min. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary Artery - Hypertensive H.D. | 10-12 yrs. |
| | (c) Cvs. Hypertension | 10-12 yrs. |

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus 10-12 yrs. & Adenocarcinoma Left breast 1½ yrs.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from June 11, 1952 to June 15, 1952 that I last saw the deceased alive on June 12, 1952 and that death occurred at 4:10 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| William F. Collito Jr., M.D. | | 422 S. Capitol St. | 15 June 52 |

| 23. BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | June 18, 1952 | Congressional | Washington D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| June 15th 1952 | Howard I Bland | J. Wm Lee Sons Co. | Wash. D.C. 800-4th St. N.E. |

RECEIVED
JUN 19 1952
BUREAU V. S.

6/19/52

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06726

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7120 District Heights Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
STREET ADDRESS (If rural, give location) 7120 District Heights Parkway

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) — (Last) WITHEY

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 4/17/67
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Darbyshire, England.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George White
14. MOTHER'S MAIDEN NAME Anna (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. J. DuBost - 7120 District Hgts Parkway Kentucky Hgts Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinoma of Liver | 1 year |
| 1561 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis c̄ | |
| | (c) arteriosclerotic heart disease | 8 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to June 15, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 11 45 P. m., from the causes and on the date stated above.

SIGNATURE William Brainin (Degree or title) MD ADDRESS 6124 Central Ave, Capitol Hgts Md DATE SIGNED 6/15/52

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) Removal
DATE THEREOF 6/17/1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Croton on the Hudson, N.Y.

DATE REC'D BY LOCAL REG. 6/16/52
REGISTRAR'S SIGNATURE Amanda Downey
Carrie F Campbell
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 14th St Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUN 19 1952
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

06727

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) Tmos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) (Last) Woodford

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH unknown
9. AGE last birthday 62? yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital records Cheverly Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

978X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Convalescing from 2nd & 3rd degree burns

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital
(CITY OR TOWN) Cheverly (COUNTY) Pr. Geo (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-25-52 8.00 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Jumped from hospital window 10 ft. to pavement

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Cheverly Md 6-27-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/28/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. 6-28-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Basche sons Hyattsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 2 1952
BUREAU V. S.